

CHILD CARE SUBSIDY APPLICATION - MAIN PROVIDER*(See reverse for paperwork burden statement)*

OMB No.: 3090-0275

Expires: 10/31/2000

NAME OF PARENT (Last, first, middle initial)

PARENTS: To determine child care subsidy for your children, or any children ages 0-6 from whom you are a qualifying head of household or you legally claim as tax dependents, have the provider complete and sign this form. Return it to the GSA Office of Child Care (D), 1800 F Street, NW; Room 6119, Washington, DC 20405-0002 or fax to 202-208-5430. Copy of provider's license is required. Separate applications for each provider you use are required.

PRIVACY ACT STATEMENT

PURPOSE: This form is used to collect fee data from a child care provider when a GSA employee applies for child care subsidy under the GSA Child Care Subsidy Program.

AUTHORITY: Public Law 106-58 and Executive Order 9397.

USES: The primary use of the information is by the GSA Office of Child Card to determine eligibility for and the amount of a child care subsidy for GSA employees. The information may be routinely disclosed: to Federal, State, and local law enforcement agencies when there may be a violation of civil or criminal law; to the Office of Personnel Management or the General Accounting Office for evaluation of the subsidy program; to a Member of Congress or staff in response to a request for assistance by the employee of record; to another Federal agency or to a court under judicial proceedings; and to an expert, consultant, or contractor of GSA when needed to further the implementation and operation of this program.

DISCLOSURE OF INFORMATION: Furnishing the information on this form, including the Tax Identification Number by the provider, is voluntary. Without this information, however, no subsidy can be approved, and the application will be rejected.

SECTION I - INFORMATION ON PROVIDER

TYPE (Check one) <input type="checkbox"/> INDIVIDUAL <input type="checkbox"/> CHILD CARE CENTER	NAME	ADDRESS	
TAX IDENTIFICATION NUMBER/ SOCIAL SECURITY NUMBER	LICENSE NUMBER	STATE LICENSE ISSUED	NUMBER OF CHILDREN ENROLLED IN PARENT'S (ABOVE) FAMILY
DOES CHILD RECEIVE ANY OTHER SCHOLARSHIP OR TUITION ASSISTANCE? <input type="checkbox"/> YES <input type="checkbox"/> NO		IF "YES", HOW MUCH? (WEEKLY AMOUNT)	TOTAL WEEKLY TUITION (For all children in family)

SECTION II - INFORMATION ON FINANCIAL INSTITUTION'S ACCOUNT FOR PAYMENT

NAME	ADDRESS
TYPE OF ACCOUNT (Check one) <input type="checkbox"/> CHECKING <input type="checkbox"/> SAVINGS	The account number can be up to 17 characters (both numbers and letters). Include hyphens but omit spaces and special symbols.
ACCOUNT NUMBER	The routing number must be nine digits.
ROUTING NUMBER	You can check with your financial institution to get the correct routing and account numbers.

SECTION III - SIGNATURE OF PROVIDER

I understand and agree that by my completion of this form and participation in this program, I will indemnify, defend, and hold forever harmless, the U.S. Government and GSA from and against any and all claims, judgments, losses, suits, or threatened proceedings, criminal and administrative, including but not limited to, attorney and investigative fees, costs, and expenses which are incurred and imposed upon the provider which may arise out of or incident to the rendering of any services provided to the child care center by the provider in which liability is caused by the negligent act or omission to act by the provider or its agents, employees or anyone for whose act the provider may be liable.

I also understand that it is a Federal crime under United States Code, Title 18, section 1001, to make a false statement on this form. If I make a false statement, I may be subject to criminal prosecution and punishment including a fine, imprisonment, or both.

I certify that the above information is true and correct to the best of my knowledge.

SIGNATURE	DATE SIGNED
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Public reporting burden for this collection of information is estimated to average 24 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to the Office of Childcare (D), GSA, Washington, DC 20405 and to the Office of Information and Regulatory Affairs, Office of Management and Budget, Paperwork Reduction Project (3090-0275), Washington, DC 20503..
